

**MICHIGAN DEPARTMENT OF AGRICULTURE
MARKETING AND COMMUNICATION DIVISION
PO BOX 30017
LANSING MI 48909**

DEPARTMENT USE ONLY

LICENSE #: _____

DATE MAILED: _____

GRAIN DEALER TRUCK LICENSE APPLICATION

(In accordance with Act No. 141, Public Acts of 1939, as amended)

				1 NAME UNDER WHICH BUSINESS WILL OPERATE			
				2 STORAGE FACILITY STREET ADDRESS			
3 CITY		STATE	ZIP CODE				
4 COUNTY		5 BUSINESS TELEPHONE NUMBER					
6 MAILING ADDRESS (IF DIFFERENT FROM BUSINESS LOCATION)							
STREET ADDRESS				CITY		STATE	ZIP CODE
7 TYPE OF OWNERSHIP (Complete One)							
INDIVIDUAL PROPRIETORSHIP				COOPERATIVE ORGANIZATION or ASSOCIATION			
OWNER'S NAME				BOARD OF DIRECTORS PRESIDENT'S NAME			
OWNER'S HOME ADDRESS				PRESIDENT'S ADDRESS			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE		
PARTNERSHIP				CORPORATION			
NAME OF PARTNER				NAME OF CORPORATION			
HOME ADDRESS				MICHIGAN RESIDENT AGENT'S NAME			
CITY	STATE	ZIP CODE	OFFICE ADDRESS				
NAME OF PARTNER				CITY	STATE	ZIP CODE	
HOME ADDRESS				PRESIDENT'S NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE		
8 OUT-OF-STATE ENTITIES							
MICHIGAN RESIDENT AGENT'S NAME				CITY		STATE	ZIP CODE
9 TRUCK INFORMATION							
YEAR	MAKE	SERIAL NUMBER	LICENSE PLATE #	FOR DEPARTMENT OF AGRICULTURE USE ONLY			

(Attach additional sheet if necessary)

10 TOTAL NUMBER OF TRUCKS: _____ **11 TOTAL FEE SUBMITTED: \$** _____

(OVER)

11 GRAIN TRANSACTIONS: (Check Those Applicable) – Submit Sample Copy of Form

☐ Cash ☐ Other (Specify) _____
☐ Issuing Price Later Agreements _____
☐ Contracts _____
☐ Selling Grain Of My Own Production _____

12 FARM PRODUCE HANDLED:

TOTAL BUSHELS OF FARM PRODUCE HANDLED FROM PRODUCER(S) DURING THE GRAIN DEALER'S MOST RECENT FISCAL YEAR

13 BOND INFORMATION:

BOND AMOUNT			AMOUNT OF BOND		
			\$100,000		
NAME OF BONDING COMPANY			NAME OF BOND COMPANY AGENT		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

14 OWNERSHIP INTEREST:

Name and ownership interest of each owner, stockholder, member or partner of the grain trucker who owns at least 5 percent of the shares (attach additional sheet, if necessary)

1. _____ % 4. _____ %
2. _____ % 5. _____ %
3. _____ % 6. _____ %

A Financial Statement must accompany the application. The financial statement must be prepared by a Certified Public Accountant and the Accountant must abide by generally accepted accounting principles. The financial statement shall consist of no less than a balance sheet, income statement, and notes and disclosures to adequately interpret the financial information submitted.

A Temporary Receipt MUST be given to a producer at the time farm produce is picked up from the producer's premises. ATTACH one copy of the Temporary Receipt form you propose to use (and retain one copy for your file); also attach any other receipt form you use.

Applications must be received by the Department of Agriculture in Lansing 30 days in advance of license expiration. License is not transferable. **Make check payable to State of Michigan:**

ANNUAL FEE: \$200.00 - One truck
\$100.00 - For each additional truck

15 SIGNATURE OF OFFICIAL IN CHARGE:

I HEREBY AGREE TO COMPLY WITH THE PROVISIONS OF ACT NO. 141 OF THE PUBLIC ACTS OF 1939, AS AMENDED, AND THE RULES ISSUED IN ACCORDANCE THEREWITH, AND FURTHER THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I ACKNOWLEDGE THAT NONE OF THE EVENTS REFERRED TO IN SECTION 10 OF THE GRAIN DEALERS ACT HAVE OCCURRED WITHIN THE PAST 5 YEARS.

SIGNATURE OF OFFICIAL IN CHARGE TITLE

16 NOTARY:

Before me on this date the above signed individual personally appeared, who states that he/she understands the provisions of Act No. 141, Public Acts 1939, as amended, State of Michigan.

Subscribed and sworn to before me this _____ day of _____ 20 ____

Signature
Notary Public _____ My Commission Expires _____ 20 ____